MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH \_\_Registrar's No. 122 Primary Registration District No. 30/7 DO NOT WRITE AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1 PLACE OF DEATH a. STATE Missouri a. COUNTY b. COUNTY VS 300 Cooper AMENDED Cooner Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TÖWN TOWN Boonville oflife Boonville Yeep-12 Plo 🗆 c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If outside, give location) Reside on Farm HOSPITAL OR PA Yes D No 🗋 **INSTITUTION** St. Joseph Hospital Yes □ No\_Etc 820 Main St 20275 Middle 3. NAME OF DECEASED First Last 4. DATE Year. (Type or print) DEATH Mary Draffen gott September 9. AGE (last birthday) [IF UNDER 1 YEAR] IF UNDER 24 HR 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. Married 🔲 Never Married [ Months Widowed 🖵 Divorced [ Female White 29 TOs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USA Housewife Boonville, | Mo name of HUSBAND OR WIFE 136 MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Louisa Tichenor James W.Draffen Fred Pigott 2 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Louise Draffen Boonville Mo. INTERVAL BETWEEN CHISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: OCUMENT 10 IMMEDIATE CAUSE (a) CEREBRAL AND DUB ARACHNOID HEMORRHAGE ij, 11 EAD PEARS Conditions, if any, ISNI which gave rise to S above cause (a), Ξ stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, if deceased was ō there a pregnancy in last 90 days. disease condition given in PART I (a) No. ☐ Unknown Yes CHRONIC CHOLECUSTITIS AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE YES TO NO THE 20c, TIME OF Hour Month, Day, Year RIBBON INJURY a.m. p.m. STATE 20f. CITY, TOWN, OR LOCATION COUNTY 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK [] **LYPEWRITER** READ 9/10/63 7/14/56 21.: Lattended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred a SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNATURE ö 9/12/63 23d. LOCATION (City, town, or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, Boonville. Missouri. 9 N REMOVAL (Specify) Walnut Grove Cemetery 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR EW Goodman & Boller, Boonville, Mo

DEC 4 1883

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	7/-
Signature of Student Embalmer .	Signed William W. Wood
	Licensed Embalmer No. 4539
•	P. O. Address <u>Boonville, Mo.</u>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be, so stated above.

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